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Bib Data Sheet

CONFIRMATION NO. 1387

<b>SERIAL NUMBER</b> 10/083,866	<b>FILING DATE</b> 02/26/2002 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3761	<b>ATTORNEY DOCKET NO.</b> CRD-0992	
<b>APPLICANTS</b> Gregg S. Sutton, Maple Grove, MN; Jeffrey Welch, New Hope, MN;					
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CIP OF 09/365,146 07/30/1999 <i>ABN</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>none</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/03/2002</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and <i>[Signature]</i> Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 3	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 000027777					
<b>TITLE</b> Vascular filter system for carotid endarterectomy					
<b>FILING FEE RECEIVED</b> 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		